

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024064

1. Entity Name

CELTIC CONSULTING, INC.

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90242 035 \*\*\*150.00

Principal Place of Business

Mailing Address

204 S MONROE STE 201  
TALLAHASSEE FL 32301

PO BOX 10550  
TALLAHASSEE FL 32302-2550

2. Principal Place of Business

101 E. College Ave

Suite, Apt. #, etc.

Suite 302

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Address

PO BOX 10550

Suite, Apt. #, etc.

same as above

City & State

Tallahassee FL

Zip

32302-2550

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3443225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLAGHER, LAURA L  
204 S MONROE STE 201  
TALLAHASSEE FL 32301

Name

same

Street Address (P.O. Box Number is Not Acceptable)

101 E. College Ave., Suite 302

City

Tallahassee

FL

Zip Code

32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Laura L. Gallagher, owner president*

4/7/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME GALLAGHER, LAURA L  
STREET ADDRESS 204 S MONROE ST E201  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☒ Change ☐ Addition  
NAME PD  
STREET ADDRESS 101 E. College Ave, Suite 302  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)